TOKIO MARINE
INSURANCE GROUP

SUPPLEMENTARY PROPOSAL FORM

ASIA HEALTHPLUS & ASIA PREFERREDCARE
(ALTERATIONS OR REINSTATEMENT OF EXISTING POLICY / LIFE)

WARNING : PURSUANT TO SECTION 23(5) OF THE INSURANCE ACT 1966 (2020 REVISED EDITION)(OR ANY SUBSEQUENT AMENDMENTS THEREOF), YOU ARE TO DISCLOSE IN THIS SUPPLEMENTARY PROPOSAL FORM, FULLY AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE YOU MAY RECEIVE NOTHING FROM THE POLICY.

KINDLY COMPLETE FULLY IN BLOCK LETTER.
Please tick boxes (✓) as appropriate and delete at (*) accordingly.

Policy No :	

Kindly select ONE or MORE of the following options :

Please note however that this form must be completed separately for inclusion **OR** reinstatement of lives.
DO NOT combine both into the same form.

☐ **Inclusion of lives**

Note : Please complete PART I before proceeding to PART III

☐ **Change in Plan** (applicable to the whole policy)

Existing Plan (e.g. Plan 1)	**Change to** (e.g. Plan 2)	Applicable to **Asia HealthPlus ONLY**	
		Co-insurance (%)	**Deductible** (S$)

Note : If Change in Plan from **lower to higher** benefit (e.g. from Plan 1 to Plan 2), reduction of Co-Insurance or Deduction, **please complete PART III**. If Change in Plan from **higher to lower** benefit (e.g. from Plan 2 to Plan 1), **PART III is NOT APPLICABLE**.

☐ **Reinstatement of life / policy**

Note : Please complete PART I before proceeding to PART II

PART I DETAILS OF ADDITIONAL LIVES TO BE INCLUDED / LIVES TO BE REINSTATED

Life No.	Full name as shown on NRIC/Passport- please underline surname	Sex M/F	NRIC / Passport No.	Date of Birth	Age next birthday	Height (cm)	Weight (kg)
1							
2							
3							
4							

Life No.	**1**	**2**	**3**	**4**
Relationship to Assured				
Occupation :				
Nationality :				

MEDICAL COVERAGE WITH OTHER INSURERS
For the lives mentioned above, please provide details of total existing **medical insurance**, including those now being proposed to other companies, if any.

Company	**Policy No.**	**Plan Name**	**Year Issued**

IMPORTANT : Signature is required on ALL pages of this form.

Signature of Assured (if other than Life Assured)	Signature of Li(ves) to be Assured

(wef 14022022)

Tokio Marine Life Insurance Singapore Ltd. (Company Reg. No.: 194800055D)
20 McCallum Street, #07-01 Tokio Marine Centre, Singapore 069046 T: (65) 6592 6100 F: (65) 6223 9120 W: tokiomarine.com

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Policy No :	

PART II REINSTATEMENT OF LIFE / POLICY

I wish to reinstate ☐ the lives (for Asia PreferredCare) ☐ the policy (for Asia HealthPlus) indicated on Page 1 which has lapsed due to non-payment of premiums. I now tender all outstanding premiums together with any overdue interest.

DECLARATION OF HEALTH STATUS AND OCCUPATION STATUS OF LI(VES) ASSURED

☐ I hereby declare that there has been a change in the state of health / occupation of the Li(ves) Assured indicated in Part I since the issue of the medical Policy. **Note : Please also complete PART III**

Full Name as shown on NRIC/Passport- please underline surname			
Occupation : (to provide exact nature of work)			

☐ I hereby declare that there has been no change in the state of health / occupation of the Li(ves) Assured indicated in Part I since the issue of the medical Policy, nor have the Li(ves) Assured suffered from or been affected by any disease, sickness or accident, and the Li(ves) Assured are now in good health and of temperate habits. **Note : PART III is NOT APPLICABLE**

PART III HEALTH QUESTIONNAIRE -Please complete this section carefully. Do not leave any blanks for any of the life / lives to be assured.)

1. Have you ever had or been told or been treated for :	Life No. 1 Yes	1 No	2 Yes	2 No	3 Yes	3 No	4 Yes	4 No
a. Epileptic fits, stroke, paralysis, depression, mental disorder or any other disorders of the brain or nervous system?	☐	☐	☐	☐	☐	☐	☐	☐
b. Diabetes, thyroid disorder or any other disorders of the endocrine system?	☐	☐	☐	☐	☐	☐	☐	☐
c. Asthma, bloodspitting, persistent cough, pleurisy, tuberculosis or any other disorders of the lungs or respiratory system?	☐	☐	☐	☐	☐	☐	☐	☐
1 High or low blood pressure, coronary artery disease, heart attack, rheumatic fever, palpitation, breathlessness, chest discomfort or pain, disease of or any other disorders of the heart or the blood vessels?	☐	☐	☐	☐	☐	☐	☐	☐
d. Jaundice, hepatitis or carrier, ulcer, hernia, chronic indigestion / diarrhoea, blood in stools or any other disorders of the stomach, liver, gall bladder, intestines or digestive organ?	☐	☐	☐	☐	☐	☐	☐	☐
e. Albumin, blood, pus or sugar in urine, renal stone or any other disorders of the kidney, bladder or genital organs?	☐	☐	☐	☐	☐	☐	☐	☐
2 Sexually transmitted diseases such as gonorrhoea, syphilis, non-specific urethritis, any other venereal disease, AIDS or AIDS related condition or infection with any Human Immunodeficiency Virus (HIV)?	☐	☐	☐	☐	☐	☐	☐	☐
3 Cancer, tumour, cyst, growth of any kind (please specify cancerous / non-cancerous and site of the growth / organ involved?	☐	☐	☐	☐	☐	☐	☐	☐
4. Are you now receiving or considering to receive medical treatment from a doctor or intending to consult any doctor for any reason?	☐	☐	☐	☐	☐	☐	☐	☐
2. Have you ever had or been advised for any operation or had any investigation done such as chest X-ray, ultrasound, CT scan, biopsy, ECG, HIV-Antibody, blood or urine test, other than for routine employment purpose?	☐	☐	☐	☐	☐	☐	☐	☐

IMPORTANT : Signature is required on ALL pages of this form.

Signature of Assured
(if other than Life Assured)

Signature of Li(ves) to be Assured

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If any of the answers to Questions (1) – (3) is **YES**, please PROVIDE COMPLETE INFORMATION. If necessary, please attach a separate sheet.

Q No	Name	Details of Diagnostic Tests / Diagnosis / Treatment / Operation	Date		Name & Address of Doctor / Hospital
			From	To	

		Life No.							
		1		2		3		4	
		Yes	No	Yes	No	Yes	No	Yes	No
3.	Has any Proposal for **health or life assurance** on your life ever been declined, postponed or accepted on special terms?	☐	☐	☐	☐	☐	☐	☐	☐

If the answer to Question (4) is **YES**, please provide the **full details** below :

			Life No.							
			1		2		3		4	
			Yes	No	Yes	No	Yes	No	Yes	No
4.	Have you smoked during the past 12 months? If yes, for how many years and how much per day?		☐	☐	☐	☐	☐	☐	☐	☐
		Number of Years :								
		Amount per day :								
5.	Do you consume beer, wine, alcohol or other stimulants? If yes, please state quantity and frequency of consumption?		☐	☐	☐	☐	☐	☐	☐	☐
		Quantity :								
		Frequency :							0	
6.	Have either of your natural parents or any siblings died or suffered from cancer, heart disease, stroke, high blood pressure, diabetes, kidney diseases, mental disorder or any hereditary disease?		☐	☐	☐	☐	☐	☐	☐	☐

If the answer to Question (7) is **YES**, please provide the details below :

Life No.	Relationship to Life	Diagnosis / Cause of Death	Age At Diagnosis	Age at Death

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DECLARATION BY ASSURED

(1) I declare that :

(a) to the best of my knowledge and belief the information given in this Supplementary Proposal is true and complete and that I have not withheld any material facts i.e. facts likely to influence the assessment and acceptance of this application; and

(b) I am not an undischarged bankrupt.

(Applicable if the proposed assurance/ reinstatement / change of Plan type is in respect of persons other than Assured)

(c) I know of no reason involving the health, habits or pursuits of the Li(ves) Assured that might cause the Li(ves) Assured to be ineligible for assurance or acceptable at other than normal terms. In relation to the Li(ves) Assured, I agree that this proposal shall form the basis of the contract between me and Tokio Marine Life Insurance Singapore Ltd. (**"the Company"**) and warrant the truth of the information in respect of the Li(ves) Assured given in this Supplementary Proposal.

(2) I understand that the assurance / reinstatement / change in Plan type applied for shall not take effect until the Supplementary Proposal has been officially accepted by the Company, premiums and interest (if any) have been paid and an official letter indicating commencement of cover has been issued.

DECLARATION BY ASSURED AND LI(VES) ASSURED

I / We, authorise :

(1) any medical source, insurance office, or organisation, or the Life Insurance Association's medical register to release to the Company; and

(2) the Company to release to any medical source, insurance office, or organisation, or the Life Insurance Association's medical register, any relevant information concerning me/us, at any time, irrespective of whether the proposal is accepted by the Company. A photocopy of this authorisation shall be as valid as the original.

If a material fact is not disclosed in this Supplementary Proposal, any assurance / reinstatement / change in Plan type effected may not be valid. If you are in doubt as to whether a fact is material, you are advised to disclose it. This includes any information that you may have provided to the advisor but was not included in this Supplementary Proposal. Please check to ensure you are fully satisfied with the information declared in this Supplementary Proposal.

DECLARATION & AUTHORISATION

I/We understand and agree that:

(a) Tokio Marine Life Insurance Singapore Ltd (the "Company") shall not be deemed to provide cover and neither should the Company be liable to pay any claim, provide any benefit under the Policy/relevant Policy or be required to process any request made to the extent that the provision of such cover, payment of such claim, provision of such benefit or processing of such request would expose the Company (or its parent company or holding company (in both instances, whether direct or indirect) or the subsidiaries of its parent or holding company) to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the applicable jurisdiction, Singapore, the European Union, United Kingdom or United States of America;

(b) where the Company becomes aware that I/We, the Life Assured or **any person or entity connected with the Policy/relevant Policy** (see paragraph (c) below) is/are subject to any sanction, prohibition or restriction under such resolutions, trade or economic sanctions, laws or regulations mentioned in paragraph (a), the Company shall be entitled to block, suspend and/or terminate the Policy/relevant Policy at any time including but not limited to, not making or receiving any payments under the Policy/relevant Policy. The decision of the Company on the aforementioned is final and;

(c) a person or entity connected with the Policy/relevant Policy includes an assignee, a beneficiary, a trustee, an executor, an administrator, a director or direct/indirect shareholder or person having executive authority or natural persons appointed to act on my/our behalf, for my/our beneficial owners or beneficiaries' beneficial owners. As an ongoing obligation, I/We will immediately inform the Company if there are any changes to the identities, status/constitution/establishment, particulars and identification documents of these persons.

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Signature of Assured (if other than Life Assured)	Signature of Li(ves) to be Assured

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Personal Data Notice

I / We agree and consent that Tokio Marine Life Insurance Singapore Ltd. may collect, use, process and disclose the personal data in accordance with the terms and conditions as stated in the insurance application form and/or the Tokio Marine Insurance Group's Data Protection Policy available www.tokiomarine.com which I / we have read, understood and agreed to the same.

Dated at Singapore

Day Month Year

Name of Assured	NRIC No.	Signature

Name of Li(ves) to be Assured as indicated under Part I	NRIC No.	Signature*
	As indicated under Part I	
	As indicated under Part I	
	As indicated under Part I	
	As indicated under Part I	

* required for age 16 and above, as at date of this Proposal for Asia PreferredCare
required for age 21 and above, as at date of this Proposal for Asia HealthPlus

TMLS Adviser's Code No.	Unit / FA Firms / Bank	Name of Adviser

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